



U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark	Date Received	Notification # <u>2016-0121-50593</u>																													
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																																
II. Facility Description Building Name: <u>Bristol-Myers Squibb Building</u> Address: <u>100 Forest Ave.</u> City: <u>Buffalo</u> State: <u>NY</u> Zip Code: <u>14213</u> County: <u>Erie</u> Site Location: <u>Buildings 1,2,3,4,5,7</u> Building Size (square feet): <u>273,000</u> # of Floors: <u>3</u> Age in Years: <u>1930</u> Present Use: <u>Vacant</u> Prior Use: <u>Manufacturing Plant</u>																																
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																																
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																
V. Facility Information Owner Name: <u>Buffalo State Ventures, LLC</u> Address: <u>6225 Carmel Rd.</u> City: <u>Charlotte</u> State: <u>NC</u> Zip Code: <u>28226</u> Contact: <u>Travis McVickers</u> Telephone: <u>(704) 609-9918</u> Fax: _____ Removal Contractor Name: <u>Fibertech Environmental Services, Inc.</u> Address: <u>2035 Clinton St.</u> City: <u>Buffalo</u> State: <u>New York</u> Zip Code: <u>14206</u> Contact: <u>Jeff Haynes</u> Telephone: <u>(716) 876-4080</u> Fax: <u>(716) 876-4293</u> Other Operator (demolition/general): <u>Wargo Enterprises</u> Address: <u>5055 Havens Rd.</u> City: <u>Akron</u> State: <u>New York</u> Zip Code: <u>14001</u> Contact: <u>John Wargo</u> Telephone: <u>(716) 542-1333</u> Fax: <u>(716) 542-6060</u>																																
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: <u>Survey conducted by independent firm, samples analyzed using PLM / TEM methods of analysis</u>																																
VII. Approximate Amount of Asbestos Materials: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td style="text-align: center;">11,140</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td style="text-align: center;">2,660</td> <td style="text-align: center;">89,350</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)	11,140					Surface Area (square feet)	2,660	89,350				Facility Components (cubic feet)					
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VIII. Scheduled Dates Demolition or Renovation: Start: <u>01/27/16</u> Complete: <u>05/01/16</u>																																
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>01/27/16</u> Complete: <u>05/01/16</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Days of the Week:</td> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td>Saturday</td> <td>Sunday</td> </tr> <tr> <td>Hours of Operation:</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td></td> <td></td> </tr> </table>					Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours of Operation:	8	8	8	8	8														
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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:	Fibertech to abate all interior regulated asbestos work, category 1 and category 2 asbestos prior to demolition of building by Wargo enterprises		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:	Fibertech to abate asbestos containing materials using wet methods, in regulated areas under negative pressure containments, using certifide workers trained in the proper handing of ACM and proper use of PPE, including negative pressure respirators and proper decontamination procedures		
XII.	Waste Transporter #1	Name: <u>Waste Management of NY</u> Address: <u>10860 Olean Rd.</u> City: <u>Chaffee</u> State: <u>New York</u> Zip Code: <u>14030</u> Contact: <u>Patty Warner</u> Telephone: <u>(716)496-5000</u>		
	Waste Transporter #2	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal	Name: <u>Chaffee Landfill Facility</u> Address: <u>10860 Olean Rd.</u> City: <u>Chaffee</u> State: <u>New York</u> Zip Code: <u>14030</u> Contact: <u>Peter Martin</u> Telephone: <u>(716) 496-5000</u>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____			
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.			
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Stop Work, don proper PPE, contain material, develop plan to abate remaining asbestos			
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 01/13/16 _____ Date </div> <div style="width: 40%; text-align: center;"> Jeffrey Haynes - President _____ Type or Print Name and Title </div> </div>			
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 01/13/16 _____ Date </div> <div style="width: 40%; text-align: center;"> Jeffrey Haynes - President _____ Type or Print Name and Title </div> </div>			